Attorney's Docket No. BSA 03-09

#### COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

#### TYPE OF DECLARATION

This declaration is of the following type:

- □ design
- □ supplemental
- national stage of PCT
- □ divisional
- □ continuation
- □ continuation-in-part (CIP)

#### INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

### TITLE OF INVENTION

## "Enhanced Magnetocaloric Effect Material"

#### SPECIFICATION IDENTIFICATION

the specification of which:

(a)	⊠	is	attached	hereto

(b) 🗆		was filed on	as Serial No. 0			
		or D Express Mail No., as				
			and was ame	nded on		

(c)	was described				PCT	Internat	
	Application No.		· <u> </u>		3.5	amended	filed
	on PCT Article 19	on		and	l as	amended .	under

#### ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information of which I am aware which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56 and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent.

## PRIORITY CLAIM (35 U.S.C. § 119)

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

- (d) on such applications have been filed.
- (e) □ such applications have been filed as follows.

# A. PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119

Country (or indicate if PCT)	Application No.	Date of Filing (day, month, year)	Priority Claimed Under 37 USC 119
			□ Yes □ No
			□ Yes □ No
			□ Yes □ No
			□ Yes □ No
			□ Yes □ No

ALL	FOREIGN APE	LICATION(S)				
					<del></del>	
		POWER	OF ATTO	RNEY		

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

## Name and Registration No.

Margaret C. Bogosian Registration No. 25,324 Lori-Anne Neiger Registration No. 44,949

Christine L. Brakel, Ph.D Registration No. 45,772

SEND CORRESPONDENCE TO Margaret C. Bogosian Patent Counsel Brookhaven National Laboratory DIRECT TELEPHONE CALLS TO: Margaret C. Bogosian (631) 344-7338

Bldg. 475D P.O. Box 5000 Upton, NY 11973-5000

#### DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

#### SIGNATURE(S)

Full name of sole or first inventor

Laura (Given Name)	J. Henders	on	Lewis		
(Given Name)	(Middle Initia	il or Name)	ramily (or last name)		
Inventor's signature	: Your	4 Levis			
Date 26 June 03					
Residence Calverton,					
Post Office Address_	53 Oak Dr	ive			
	Calvertor	ı, New Yorl	k 11933		
Full name of second	joint inver	ntor, if an	ny		
(Given Name)	(Middle Initia	il or Name)	Family (or last name)		
Inventor's signature	<u></u>				
DateC	ountry of Ci	tizenship			
Residence					
Post Office Address					
Tope office Address_		· · · · · · · · · · · · · · · · · · ·			

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION

Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added

\* \* \*

- Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added
- Added page for signature by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time (37 CFR 1.47).

\* \* \*

- Added pages to combined declaration and power of attorney for divisional, continuation or continuation-in-part (C-I-P) application.
  - □ Number of pages added

\* \* \*

□ Authorization of attorney(s) to accept and follow instructions from representative.

\* \* \*

(If no further pages form a part of this Declaration, then end this Declaration with this page and check the following item:)

☑ This declaration ends with this page.